

**IMPORTANT:** Use the "TAB" key to move from field to field. Click the "SUBMIT" button to submit the form.

Please include your e-mail address so we can send you confirmation.

Your e-mail:

Enter the date of complaint:

Please provide the following company information:

Organization	<input type="text"/>
Site address	<input type="text"/>
Address (cont.)	<input type="text"/>
City	<input type="text"/>
State/Province	<u>WY</u>
Zip/Postal code	<input type="text"/>
Work Phone (do not enter dashes ex: 1234567890)	<input type="text"/>
FAX (do not enter dashes ex: 1234567890)	<input type="text"/>
E-mail	<input type="text"/>

Please provide the following employer information:

Management Official	<input type="text"/>
Title	<input type="text"/>
Street address (if different from above)	<input type="text"/>
Address (cont.)	<input type="text"/>
City	<input type="text"/>
State/Province	<u>WY</u>
Zip/Postal code	<input type="text"/>

Briefly describe the hazard(s) which you believe exist and the approximate number of employees exposed to each hazard:

Specify particular building or worksite where the alleged violation exists:

Has this been brought to the attention of:

- ☒ Employer  
☐ Government Agency

Please indicate your desire:

- ☒ Do not reveal my name to the employer  
☐ My name may be revealed to employer

The Undersigned...:

- ☐ Employee  
☐ Representative of Employees  
☐ Federal Safety and Health Committee  
☐ Employer  
☐ Other

...believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.

Please provide the following complainant information:

Name	
Title	
Site address	
Address (cont.)	
City	
State/Province	<u>WY</u>
Zip/Postal code	
Home Phone (do not enter dashes ex: 1234567890)	
FAX (do not enter dashes ex: 1234567890)	